

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

SOUTHERN MINNESOTA BEET SUGAR COOPERATIVE POLITICAL ACTION COMMITTEE

ADDRESS (number and street) ▼

P O BOX 500

☐ Check if different than previously reported. (ACC)

RENVILLE

MN

56284

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00166348

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)☐ July 15 Quarterly Report (Q2)☐ October 15 Quarterly Report (Q3)☐ January 31 Year-End Report (YE)☐ July 31 Mid-Year Report (Non-election Year Only) (MY)☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☒ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer IAN O'CONNELL

Signature of Treasurer

IAN O'CONNELL

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

SOUTHERN MINNESOTA BEET SUGAR COOPERATIVE POLITICAL ACTION COMMITTEE

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
10 / 01 / 2015 To: M M / D D / Y Y Y Y Y Y
10 / 31 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2015		101980.72
(b) Cash on Hand at Beginning of Reporting Period.....	39077.63	
(c) Total Receipts (from Line 19)	117.19	73353.23
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	39194.82	175333.95
7. Total Disbursements (from Line 31)	16000.00	152139.13
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	23194.82	23194.82
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

SOUTHERN MINNESOTA BEET SUGAR COOPERATIVE POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y
10 01 2015

To:

M M / D D / Y Y Y Y Y
10 31 2015

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

20.00

61510.59

(ii) Unitemized

94.00

11703.83

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

114.00

73214.42

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

114.00

73214.42

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

3.19

138.81

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

117.19

73353.23

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

117.19

73353.23

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	1139.13
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	1139.13
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	16000.00	141000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	10000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	16000.00	152139.13
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	16000.00	152139.13

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	114.00	73214.42
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	114.00	73214.42
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	0.00	1139.13
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	0.00	1139.13

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 6 OF 10
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

SOUTHERN MINNESOTA BEET SUGAR COOPERATIVE POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. SUSAN J HARPER

Mailing Address PO BOX 194

City	State	Zip Code
RENVILLE	MN	56284

FEC ID number of contributing
federal political committee.

C

Name of Employer

SOUTHERN MN BEET SUGAR COOP

Occupation

CONTROLLER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2015

Transaction ID : SA11AI.22031

Amount of Each Receipt this Period

10.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. LESLIE C PLUMLEY

Mailing Address 33707 780TH AVE

City	State	Zip Code
OLIVIA	MN	56277

FEC ID number of contributing
federal political committee.

C

Name of Employer

SOUTHERN MN SUGAR COOPERATIVE

Occupation

AGRICULTURALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2015

Transaction ID : SA11AI.22033

Amount of Each Receipt this Period

10.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City	State	Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

20.00

TOTAL This Period (last page this line number only)..... ►

20.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 7 OF 10

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

SOUTHERN MINNESOTA BEET SUGAR COOPERATIVE POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. BENNET FOR COLORADO

Mailing Address PO BOX 3078

City	State	Zip Code
DENVER	CO	80201

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: CO	District: 00

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2015

Transaction ID : SB23.22039

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. FILEMON VELA FOR CONGRESSMailing Address 2929 MOSSROCK STREET
SUITE 215

City	State	Zip Code
SAN ANTONIO	TX	78230

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State: TX	District: 34

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2015

Transaction ID : SB23.22052

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF FARR

Mailing Address 555 CAPITOL MALL, SUITE 1425

City	State	Zip Code
SACRAMENTO	CA	95814

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State: CA	District: 17

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2015

Transaction ID : SB23.22040

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 8 OF 10

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

SOUTHERN MINNESOTA BEET SUGAR COOPERATIVE POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. HASTINGS FOR CONGRESS

Mailing Address P.O. BOX 100277

City	State	Zip Code
FT. LAUDERDALE	FL	33310

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: FL District: 23

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2015

Transaction ID : SB23.22041

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. KATHLEEN RICE FOR CONGRESS

Mailing Address PO BOX 744

City	State	Zip Code
MINEOLA	NY	11501

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: NY District: 04

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2015

Transaction ID : SB23.22049

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. LAHOOD FOR CONGRESS

Mailing Address P.O. BOX 10735

City	State	Zip Code
PEORIA	IL	61612

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: IL District: 18

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2015

Transaction ID : SB23.22044

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 9 OF 10

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

SOUTHERN MINNESOTA BEET SUGAR COOPERATIVE POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. NEW PAC

Mailing Address P.O. BOX 7480

City
VISALIAState
CAZip Code
93290Purpose of Disbursement
CONTRIBUTION

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2015

☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2015

Transaction ID : SB23.22047

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. PEOPLE FOR BEN

Mailing Address PO BOX 31129

City
SANTA FEState
NMZip Code
87594Purpose of Disbursement
CONTRIBUTION

Candidate Name

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: NM District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2015

Transaction ID : SB23.22046

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. STEVE KNIGHT FOR CONGRESS

Mailing Address PO BOX 984

City
WILLOWSState
CAZip Code
95988Purpose of Disbursement
CONTRIBUTION

Candidate Name

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 25

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2015

Transaction ID : SB23.22042

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 10

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

SOUTHERN MINNESOTA BEET SUGAR COOPERATIVE POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. VALLEY POLITICAL ACTION COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2015

Mailing Address PO BOX 529

City	State	Zip Code
WASHINGTON	DC	20044

Transaction ID : SB23.22051Purpose of Disbursement
CONTRIBUTION

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

5000.00

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2015
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. YOUNG FOR IOWA, INC.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2015

Mailing Address PO BOX 162

City	State	Zip Code
VAN METER	IA	50261

Transaction ID : SB23.22053Purpose of Disbursement
CONTRIBUTION

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

1000.00

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: IA District: 03

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

--

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6000.00

16000.00
